

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044452

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 202

FILED DEC 5 1963

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBB CITY		c. CITY OR TOWN WEBB CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JANE CHINN HOSPITAL		d. STREET ADDRESS (If outside, give location) 512 S. OAKLAND ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First BUFORD Middle H. Last HONEY		4. DATE OF DEATH Month NOVEMBER Day 30 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-5-1910
9. AGE (last birthday) 53		10. USUAL OCCUPATION (Give kind of work done during working life, even if retired) CARPENTER	
11. BIRTHPLACE (City and state or country) NEOK CITY, MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME WILLIAM H. HONEY		13b. MOTHER'S MAIDEN NAME OPHELIA CATHER	
14. NAME OF HUSBAND OR WIFE MRS. MADGE HONEY		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) W.W. # 2	
16. SOCIAL SECURITY NO. W.W. # 2		17. INFORMANT MRS. MADGE HONEY, 512 S. OAKLAND ST. WEBB CITY, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Medullary Depression associated with Septicemia</i> DUE TO (b) <i>Pneumococcal Septicemia</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <i>30 minutes</i> <i>36 hrs</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <i>11-29-63</i> to <i>11-30-63</i> and last saw her alive on <i>11-30-63</i> Death occurred at <i>10:10P</i> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>C. Gregory</i> (Degree or title) D.O.	
22b. ADDRESS WEBB CITY, MO.		22c. DATE SIGNED 12-2-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-3-1963	23c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY	23d. LOCATION (City, town, or county) (State) WEBB CITY, MO.
24. FUNERAL DIRECTOR ADDRESS JOHNSTON*SIMPSON, WEBB CITY, MO.		25. DATE RECD. BY LOCAL REG. <i>12-3-63</i> 26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Lutzger</i>	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4647

P. O. Address Webb City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.